

**FSA-229**

(10-27-04)

**U.S. DEPARTMENT OF AGRICULTURE**

Farm Service Agency

**APPLICATION FOR TRADE ADJUSTMENT  
ASSISTANCE (TAA)**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 USC 7333 and 7 CFR Part 1580. The information will be used to determine program eligibility. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0551-0040. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**PART A - APPLICATION**

1A. Name and Address of Producer (Include Zip Code)	1C. Producer ID or Tax ID Number	1D. E-mail Address
	1E. Crop Year	1F. Commodity (State)
1B. Telephone No. (Include Area Code) Optional:	1G. Production	1H. Unit of Measure (lbs., tons, cwt., etc.)

**PART B - PRODUCER CERTIFICATION**

I certify that: (1) all information entered on this application is true and correct; (2) I am submitting this application solely to receive trade adjustment assistance for farmers, and have not received, nor plan to receive any cash benefits for trade adjustment assistance from the Departments of Labor or Commerce; (3) I reported on the applicable federal tax form that my net farm or net fishing income declined from the petition's pre-adjustment year. I understand that before payments can be made I must: (1) provide acceptable documentation to verify the production quantity entered in Item 1G; (2) provide documentation to support that I have received technical assistance from the Extension Service; (3) provide verifiable documentation of the net farm or fishing income; (4) submit all required documentation on or before application deadlines. Failure to timely file required documentation will result in denial of payment. I understand that: (1) FSA will be conducting spot-checks for this program and I authorize FSA access to records held by elevators, processors, etc. or any other agency or organization maintaining records or other substantiating evidence for which I am certifying production as applicable; (2) my maximum payment cannot exceed \$10,000 per fiscal year and my total TAA payments and counter-cyclical payments cannot exceed \$65,000 for any crop year; (3) I must retain records supporting my application for two years after the date of my final trade adjustment payment and that I may be required to furnish such records on a confidential basis to FSA; (4) knowingly making a false certification is punishable by a fine of not more than \$10,000 or imprisonment for not more than 1 year, or both. I understand that if I am a ship captain or skipper I am only entitled to my share of the vessel's total production. All information provided herein is subject to verification by the Farm Service Agency. I understand that I may choose to not receive any cash payment approved under this application by providing notice in writing to FSA that I decline such payment.

2A. Producer's Signature	2B. Are you a Ship Captain/Skipper <input type="checkbox"/> YES <input type="checkbox"/> NO	2C. Date (MM-DD-YYYY)
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**PART C - FOR FSA OR FAS USE ONLY**

3. Application No.	4. State Code	5. County Code	6A. Name and Address of County FSA Office (Include Zip Code)						
			6B. Telephone No. (Include Area Code):						
			<table border="1"> <tr> <th>YES</th> <th>NO</th> <th>DATE DOCUMENTATION RECEIVED</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	YES	NO	DATE DOCUMENTATION RECEIVED			
YES	NO	DATE DOCUMENTATION RECEIVED							
7A. Has applicant submitted CCC-526?									
7B. Has the producer provided verifiable documentation of production of the commodity identified in Item 1F and the production in Items 1G and 1H?									
7C. Has the producer provided supporting documentation verifying that the net farm or net fishing income declined from the petition's pre-adjustment year?									
7D. Has the producer provided proof that technical assistance from the Extension Service (CSREES) has been received?									
8A. Signature of COC or Designee or FAS		8B. Date (MM-DD-YYYY)	9. Application Status <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						

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